

N[REDACTED], Patricia

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HAWAII FORENSIC ASSOCIATES
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Daryl Fujii, Ph.D., ABPP-CN
Clinical Neuropsychologist

Name: N[REDACTED], Patricia
Date of Birth: October 31, 19[REDACTED] Age: 45
Date of Evaluation: June 10, 2008
Date of Report: June 14, 2008
Evaluator: Daryl Fujii Ph.D., ABPP-CN

Reason for Referral:

Ms. N[REDACTED] was initially evaluated by the writer on 11/3/03 to assess for emotional distress due to alleged discrimination by the Department of Education (DOE). The issue was in regards to securing free and appropriate education (FAPE) for her daughter Amber N[REDACTED] who has a diagnosis of autism. Almost 5 years have transpired and the case has not yet been settled, thus the current report is an updated evaluation requested by state attorneys Watanabe, Ing, & Komeji. Ms. N[REDACTED] was aware of the purpose for the evaluation and agreed to participate in the evaluation process.

Presenting Problem:

For a complete history of Ms. N[REDACTED] interactions with the DOE in regards to his daughter Amber and subsequent emotional distress, please refer to Daryl Fujii Ph.D.'s report dated 11/3/03.

Behavioral Observations:

Ms. N[REDACTED] is a 45 year old female of Japanese heritage who looked about her chronological age. She was neatly groomed and casually attired. Ms. N[REDACTED] demonstrated appropriate affect and linear thought processes throughout the interview. She was cooperative and appeared open in answering questions

Current Emotional State and Life Situation:

Interactions with DOE:

Ms. N[REDACTED] reported that interactions with the DOE continue to be a "constant battle" as "nothing gets done unless I push." She indicated that the DOE does not initiate action or make decisions, and they keep giving her the "runaround." These problems are compounded by personnel changes. Ms. N[REDACTED] has given up hope that her interactions

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with the DOE will improve, thus she has to "be proactive and on top of things." This chronic battle has been highly stressful and Ms. N[REDACTED] commented "it gets to the point how much of your life you want to spend doing that."

Child care:

Ms. N[REDACTED] reported being proud of her children, yet concerned as their progress has been "slow." She described their level of autism as "medium" and is worried about their future as they will "always need to live with assistance." Child care has been stressful as it has been difficult to find good respite care. Specifically, it is hard to find someone they can trust that can handle the two children as they both have "no notion of safety." Ms. N[REDACTED] indicated that since their former respite worker became pregnant, they can only find respite care about once every two months.

Work:

Ms. N[REDACTED] currently works about 19 hours a week as a bookkeeper for K.G.A. Inc., a company that services Japanese businesses coming to Hawaii. She has been working there on and off since 1990. She gets along well with her bosses and likes the flexible hours. Work is not a major source of stress for her.

Marriage:

Ms. N[REDACTED] reported that her relationship with Guy has improved since going through marital counseling with Val Umphries Ph.D. She also attributed improvements to her treatment with Prozac.

Health:

Ms. N[REDACTED] recently discovered blood in her urine. She is concerned about a possible kidney stone.

Emotional State:

Ms. N[REDACTED] has gone through several psychologists over the years before finding Sherry Takushi Psy.D., whom she has been seeing for about 2 years. A significant difficulty in finding a psychologist is that two psychologists had husbands who worked for HPD and knew her husband Guy which made her uncomfortable. Ms. N[REDACTED] indicated that psychotherapy has been very helpful as Dr. Takushi has helped her to come to a realization that "it's not going to change," and also helped her to accept the need for medication. According to Ms. N[REDACTED], Dr. Takushi has not given her a formal psychiatric diagnosis.

Ms. N[REDACTED] has been taking Prozac for about a year which was prescribed by her Kaiser primary care physician Patrice Tim-Sing MD. She is also taking Ambien as needed. Prior to Prozac, Ms. N[REDACTED] stated that she has had "periods of ups and downs" and that

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her down periods were getting longer and longer until finally felt she "couldn't rebound." Now she is better able to handle difficult situations with the DOE "with the emotions and anxiety minused out," thus "it's not so overwhelming."

Ms. N[REDACTED] indicated that her psychotherapy and Prozac has significantly improved most symptoms of depression and feelings of anxiety. Currently, she indicated that her mood was "good," she has regained interest in pleasurable activities such as reading and enjoying her children, her ability to think and concentrate has "totally improved," feelings of worthlessness and inappropriate guilt has "gotten better" as she is able to "let go," and she no longer questions the "point of life." Other aspects have improved to a lesser extent. Her energy level is still "up and down." Her sleep is still problematic with difficulty "falling and staying asleep." She estimates sleeping about 4-5 hours a night and 6 hours "would be a luxury." Part of the difficulty is that Kealoha wakes up in the middle of the night a couple of times per week and requires supervision. Ms. N[REDACTED] takes Ambien when needing sleep.

Despite improvements in her emotional state, Ms. N[REDACTED] reported that she still harbors much anger towards the DOE.

Self-Reported Stress Levels Associated with Difference Stressors:

On a scale of 1-10 with 1 being no stress at all and 10 being the most stress he's ever experiences, Ms. N[REDACTED] rated the following sources of stress:

Dealing with DOE: 10

Raising two autistic children: 10

Concerns about future: 10

Work: 2

Health related: 5 "kinda blood in urine don't know if kidney stones"

Mother: 5 things are super better since Prozac, 5

Relationship with Guy: 1

Litigation related: 10 (intermittent)

Ms. N[REDACTED] rated several situations as maximally stressful including constantly fighting with the DOE for services, raising two autistic children and concerns about their future, and stressors associated with litigation which has dragged on for about 9 years. A recent concern is her health, specifically finding blood in her urine.

Personality Testing:

Ms. N[REDACTED] was administered the MMPI-2 which was interpreted using the Green (2000) system. She produced a valid profile. Individuals with similar MMPI-2 profiles are experiencing mild distress characterized by brooding, resentment, negativisms, and anhedonia. Such individuals are anxious, lack self confidence, and are more sensitive and feel emotions more intensely than others. Such individuals have an urgency to get

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things done. They harbor much anger that they attempt to control, but is at the surface and is often expressed directly. The physical health of individuals with similar profiles is not as good as others and they experience a wide variety of physical symptoms. They tend to easily tire and their sleep is disturbed.

Summary and Impressions:

Ms. N[REDACTED] and her husband have been in litigation with the DOE since 1999 due to alleged discrimination by the Department of Education (DOE) in providing free and appropriate education (FAPE) for their autistic daughter. An Independent Psychological Evaluation was initially conducted in 11/03 and the writer diagnosed her with Major Depression. She was subsequently referred for an updated evaluation due to the prolonged course of her lawsuit.

Results of the clinical interview and MMPI-2 indicate that Ms. N[REDACTED] continues to experience considerable stress from a multiple of sources including interactions with the DOE for securing services for both Amber and Kealoha, raising two autistic children with little respite, and worrying about who will care for her children when she and her husband are gone. More recently she has health concerns about blood in her urine. Ms. N[REDACTED] sought both psychotherapy and antidepressant medications to help her deal with stressors and together both interventions have been successful in treating her depression. Her relationships with her husband and mother have also improved, particularly with her husband Guy after undergoing marital therapy with Val Umphries Ph.D.

Ms. N[REDACTED]'s love for her children is very apparent as she has fought hard for acquiring the best services for them. It is hoped that she can find enough respite care so that she can take care of her own health issues.

Diagnostic Impressions:

Axis I: 296.25 Major Depressive Disorder, In Partial Remission

Axis II: V71.09 No diagnosis

Axis III:


Axis IV: Other psychosocial and environmental problems (discord with nonfamily caregivers, lack of social support)

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Axis V: GAF=75

If there are any questions about these findings or conclusions or if I can be of assistance in any manner, please feel free to contact me at 261-9061.



Daryl Fujii Ph.D.
Diplomate in Clinical Neuropsychology
American Board of Professional Psychology



Date

N[REDACTED], Guy

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Daryl Fujii, Ph.D., ABPP-CN
Clinical Neuropsychologist

Name: N[REDACTED], Guy
Date of Birth: January 22, 19[REDACTED] Age: 43
Date of Evaluation: June 10, 2008
Date of Report: June 16, 2008
Evaluator: Daryl Fujii Ph.D., ABPP-CN

Reason for Referral:

Mr. N[REDACTED] was initially evaluated by the writer on 10/31/03 to assess for emotional distress due to alleged discrimination by the Department of Education (DOE). The issue was in regards to securing free and appropriate education (FAPE) for his daughter Amber N[REDACTED] who has a diagnosis of autism. Almost 5 years have transpired and the case has not yet been settled, thus the current report is an updated evaluation requested by state attorneys Watanabe, Ing, & Komeji. Mr. N[REDACTED] was aware of the purpose for the evaluation and agreed to participate in the evaluation process.

Presenting Problem:

For a complete history of Mr. N[REDACTED]'s interactions with the DOE in regards to his daughter Amber and subsequent emotional distress, please refer to Daryl Fujii Ph.D.'s report dated 10/31/03.

Behavioral Observations:

Mr. N[REDACTED] is a heavy-set 38 year old male of Hawaiian-Chinese-Caucasian heritage who looked about his chronological age. He was neatly groomed and casually attired. Mr. N[REDACTED] demonstrated appropriate affect and linear thought processes throughout the interview. He was cooperative and appeared open in answering questions

Current Emotional State and Life Situation:

Interactions with the DOE:

Mr. N[REDACTED] reported that interactions with the DOE to determine care for his children continue to be stressful. He believes that the DOE are not doing things "in the best interest of the kids," but instead "just expenses." Mr. N[REDACTED] reported attending 10-12 IEPs per year for both of his children (son Kealoha also has a diagnosis of autism), but attends primarily for support and for making "big" decisions. Many issues are not

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resolved during these meetings, thus follow up meetings need to be scheduled. Mr. N[REDACTED] indicated that these meetings are not as stressful as before "once (I) got into the mind set (I am) doing my best and not blaming myself."

Child care:

Mr. N[REDACTED] reported that his "kids are for the most part okay...could see better progress." Kealoha is more difficult to care for as he is hyperactive, not toilet trained, intermittently soils the carpet, and wakes up 3 or 4 in the morning thus needs to be monitored once or twice a week. Amber is pretty easy to care for as she can occupy herself and sleeps through the night. A problem is finding good respite care, as it is difficult to find someone they can trust who can care for two autistic children. Unfortunately, his mother-in-law, who is very helpful, "cannot handle both."

Work:

Mr. N[REDACTED] continues to work for criminal intelligence which investigates organized crime. It is a prestigious unit as each member is "hand-picked." Mr. N[REDACTED] reported that he is planning on testing for a promotion as a manner of alleviating job stress.

Marriage:

Mr. N[REDACTED] reported that his relationship with Pat has "been a lot better since seeing Dr. Umphries." His wife has also been much calmer and less irritable since she has been treated with Prozac.

Health:

Mr. N[REDACTED] is very concerned about his health. He has high blood pressure and sleep apnea which he intermittently treats with a breathing machine. Both health issues are associated with obesity (although he stated that he has recently lost about 30 pounds from 360 to 330). One problem is child care. Mr. N[REDACTED] feels much better when he is able to work out for about an hour after work. Working out not only provides stress relief, but also keeps his weight down. However, his wife anxiously waits for him to return home early so that she can have a break from child care.

Emotional State:

When asked about his emotional state, Mr. N[REDACTED] indicated that he is fine "I'm a mellow guy... I try to keep...not let things bother me...try to keep constant." He denied symptoms of depression such as feelings of worthlessness or guilt, or suicidal thoughts. A problem he has experienced in the last 6 months is sleep difficulties. He reported waking up about 3x a night to use the bathroom. He typically wakes up at 11 and 2 and has difficulty returning to sleep as he cannot get comfortable. "sleep on chair...back sore...I lie down and feel pressure in my chest...hard to get a good position." Mr. N[REDACTED]

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indicated that his sleep difficulties has affected his ability to concentrate at work as he often needs to "refocus" and "fight to stay awake."

One activity that Mr. N[REDACTED] enjoys is watching ultimate fighting and BJ Penn is his favorite fighter. He will surf the net at night looking up BJ Penn sites to relax and eventually return to sleep.

Self-Reported Stress Levels Associated with Difference Stressors:

On a scale of 1-10 with 1 being no stress at all and 10 being the most stress he's ever experiences, Mr. N[REDACTED] rated the following sources of stress:

Dealing with DOE: 8
 Raising two autistic children: 10
 Concerns about future: 10
 Work: 7
 Health related: 8
 Mother-in-law: 4
 Relationship with Pat: 1
 Litigation related: 7 (intermittent)

According to Mr. N[REDACTED], his biggest concern is what will happen to his children after he and his wife are gone. It is too much to ask his siblings and he is afraid what will happen if they are taken over by the state.

Personality Testing:

Mr. N[REDACTED] was administered the MMPI-2 which was interpreted using the Green (2000) system. He produced a valid profile. Individuals with similar MMPI-2 profiles experience and focus upon nonspecific physical symptoms like backaches and gastrointestinal symptoms when under emotional stress. Such individuals are currently experiencing emotional distress, anger, and dysphoria, however, these emotions are not overtly expressed. Instead, they are expressing worries about their physical functioning. Such individuals typically hold in their anger.

Summary and Impressions:

Mr. N[REDACTED] and his wife currently have been in litigation with the DOE since 1999 due to alleged discrimination by the Department of Education (DOE) in providing free and appropriate education (FAPE) for their autistic daughter. An Independent Psychological Evaluation was initially conducted in 10/03 and he was referred for an updated evaluation due to the prolonged course of his lawsuit.

Results of the clinical interview and MMPI-2 indicate that Mr. N[REDACTED] continues to experience considerable stress from a multiple of sources including interactions with the DOE for securing services for both Amber and Kealoha, working in a rewarding but

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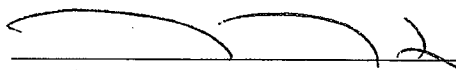
stressful unit, raising two autistic children with little respite, and worrying about who will care for his children when he and his wife are gone. Mr. N[REDACTED] is not a complainer and deals with stress by focusing on vague physical symptoms. Thus although he states that he is fine, his poor sleep and physical complaints would suggest that Mr. N[REDACTED] is experiencing more stress than he is communicating. Mr. N[REDACTED]'s obesity, hypertension, and sleep problems are significant concerns particularly given his care giving responsibilities for his two children. On the positive side, Mr. N[REDACTED] reported that his relationship with his wife has improved significantly since undergoing marital counseling with Dr. Umphries and since she has been treated with Prozac.

Mr. N[REDACTED]'s love for his children is very apparent as he provides the best care he can for them. It is hoped that he can get enough respite care so that he can take care of his own health issues.

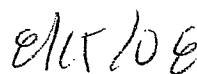
Diagnostic Impressions:

Axis I:	316	Stress-Related Physiological Response Affecting Sleep Apnea, Obesity, Hypertension
	780.59	Breathing-Related Sleep Disorder
Axis II:	V71.09	No diagnosis
Axis III:		Sleep Apnea, Hypertension, Obesity
Axis IV:		Occupational problems, Other psychosocial and Environmental problems (discord with nonfamily caregivers, lack of social support)
Axis V:		GAF=75

If there are any questions about these findings or conclusions or if I can be of assistance in any manner, please feel free to contact me at 261-9061.



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Daryl Fujii, Ph.D., ABPP-CN
Clinical Neuropsychologist

Name: N[REDACTED], Patricia and Guy
Date of Report: August 15, 2008
Evaluator: Daryl Fujii Ph.D., ABPP-CN

Addendum:

This report is an addendum to Mr. and Ms. N[REDACTED]'s updated 6-10-08 report. State attorneys Watanabe, Ing, & Komeji requested an opinion on Beverly James' diagnoses of Post Traumatic Stress Disorder and Major Depressive Disorder for both Guy and Patricia N[REDACTED]. My opinion is based upon a review of Beverly James' reports dated July 18, 2003 and May 25, 2008, and her deposition dated July 23, 2008.

Post Traumatic Stress Disorder:

In Ms. James' 5/25/08 report, both Guy and Patricia N[REDACTED] "describe feelings of pervasive mental anguish, helplessness and fear consistent with symptoms of Posttraumatic Stress Disorder (PTSD)." The primary problem with this diagnosis is the absence of a traumatic event that would meet DSM-IV criteria. According to DSM-IV criteria A for PTSD:

The person has been exposed to a traumatic event in which both of the following were present:

- (1) The person experienced, witnesses, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- (2) The person's response involved intense fear, helplessness, or horror.

DSM-IV provides the following description of a traumatic event:

"Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery, mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disasters, severe automobile accident, or being diagnosed with a life-threatening illness.....Witnessed events include, but are not limited to, observing the serious injury or unnatural death of another person due to violent assault, accident, war, or disaster or unexpectedly witnessing a dead body or body parts. Events experienced by others that are learned about include, but are not

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limited to, violent personal assault, serious accident, or serious injury experienced by a family member of a close friend; learning about the sudden unexpected death of a family member or a close friend; or learning that one's child has a life-threatening disease.

These descriptions of what constitutes a traumatic event repeatedly indicate events associated with death, impending death, or serious physical injuries. The closest DSM-IV example is learning one's child has a life-threatening disease. Although autism is a pervasive significant illness, it is not life threatening in nature. Furthermore Ms. James is both vague and inconsistent in her identification of the traumatic event.

In her 7/23/08 deposition, Ms. James indicates that the traumatic event is "the parents (to) find that their child had been diagnosed with a serious developmental disorder and needed assistance. And it was the awareness that the teachers, the school, and the Department of Education was refusing to help their child, when it was their duty to do so. And that created extreme stress for the family." She later stated that "The traumatic event is their total fear and horror at that time that their child was losing ground; that they were not being supported, that the traumatic injury is in the threat to their family and their child."

In her 5/25/08 report, Ms. James states that their symptoms "first emerged when they learned of Amber's lost opportunity to learn." In her 7/23/08 deposition, she later indicated that the N[REDACTED]'s symptoms of PTSD started "In the process of putting together this program and the toll that it took on their family financially and emotionally, I think was a gradual process as they were involved in doing it."

These quotes would indicate that Ms. James identified several traumatic events: a) DOE refusing to help their child, b) fear and horror that their child was losing ground, c) Amber's lost opportunity to learn, and d) stress of putting together Amber's program. Again, although stressful for parents, none of these events would resemble DSM-IV criteria for a traumatic event.

Another problem with the PTSD diagnosis is that for several diagnostic criteria, Ms. James erroneously attributed behaviors entirely to interactions with the DOE. For example, Ms. James indicated that the Nahale's met criteria for Diminished Interest in or Participation in Significant Activities. She justified this criterion by stating "Both parents talked about that one in terms of reminiscing about how they would go out and be with family and listen to Hawaiian music and that sort of thing. They don't do that anymore." Although they rarely go out, the Nahales attributed this to the lack of adequate coverage for watching two autistic children versus lack of interest due to a mental disorder. Guy indicated that he cannot exercise after work as his wife is anxiously waiting for him to relieve her from child care duties. Patricia indicated that they haven't gone out for months as the last respite worker they trusted became pregnant and could no longer watch the kids. Her mother is getting old and cannot handle watching the two children by herself.

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Ms. James has several inaccuracies in her assessment. For example, for another criterion, Ms. James indicated that Mr. N[REDACTED] has hypervigilance and fears losing control. She did not attribute any of this behavior to job stress "I don't know, I don't recall him saying that he had stress from his job." By contrast during our interview, Mr. N[REDACTED] indicated that his work investigating organized crime was highly stressful, rating it a 7 on a 10 point stress scale. He also stated that he is testing for a promotion to get out of this department.

In another example, Ms. James indicated that Mr. N[REDACTED] meets the PTSD criterion "avoidance of reminders...efforts to avoid thoughts, feelings and conversation." She supports this criterion by stating that he is unable to go to an IEP meeting for his son. "He just can't do it." Contradicting this support, in my interview with Mr. N[REDACTED], he indicated that he attend 10-12 IEPs per year for both Amber and Kealoha. He also indicated that these are not as stressful as before as he has stopped blaming himself and realizes he is doing the best he can.

Major Depressive Disorder:

I concur with Ms. James that Patricia N[REDACTED] suffers from a Major Depressive Disorder, although I believe it is in partial remission due to her taking medications and changes in her thinking.

I do not agree that Guy N[REDACTED] suffers from a Major Depressive Disorder. According to Ms. James, Mr. N[REDACTED] meets the following DSM-IV criteria: 1) "has expressed depressed mood, feeling sad being tearful," 2) "marked diminished interest and pleasure in most activities," 3) "gaining weight," 6) "fatigue is prevalent," 7) "excessive inappropriate guilt," and 8) "diminished ability to concentrate." "So I think that fills the criteria because, you know, the symptoms are causing stress for him, which is number C. And the stress is significant."

Mr. N[REDACTED] is definite under a lot of stress with raising two autistic children, work, health, worrying about his children's future, and dealing with the DOE. Still, he denied experiencing a depressed mood during my interview and still enjoys pleasurable activities such as watching ultimate fighting. His weight gain appears to be primarily due to discontinuing his exercise routine after work to assist with child care versus something that is stress related. Also, he reported actually recently losing 30 pounds versus gaining weight. Without these criteria, Mr. N[REDACTED] would not meet criteria for a Major Depressive Disorder. Again, Ms. James' conclusions appear to be based upon inaccurate information and the entirety of a symptom is attributed to the DOE, when other stressors are contributory.

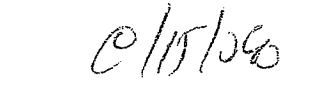
If there are any questions about these findings or conclusions or if I can be of assistance in any manner, please feel free to contact me at 261-9061.

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Daryl Fujii Ph.D.
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Psychology

Independent Psychological Evaluation

Name: N[REDACTED], Patricia
Date of Birth: October 31, 19[REDACTED] Age: 40
Date of Interview: November 3, 2003

Reason for Referral

Mrs. N[REDACTED] was referred for an Independent Psychological Evaluation by the State of Hawaii's Attorney General's Office to assess for emotional distress due to alleged discrimination by the Department of Education in regards to securing free and appropriate education for her daughter Amber N[REDACTED] who has a diagnosis of autism.

Specifically, The Attorney General requested professional opinions to the following questions:

1. Does Patricia N[REDACTED] currently suffer from a diagnosable emotional/mental/psychological/psychiatric disorder?
2. If so, what is the diagnosis and its severity?
3. Based upon your examination, what is the cause of Patricia N[REDACTED]'s current condition, if any?
4. Based on your examination, did Patricia N[REDACTED]' interactions with the Department of Education cause any emotional/mental distress or injury?
 - a. If your answer to the above is yes, please describe the severity and duration of any emotional/mental distress or injury, if any.
 - b. Was the interaction with the Department of Education the sole cause of Patricia N[REDACTED]'s emotional distress or injury?
 - c. Based on your examination, were or are there other factors which contribute to Patricia N[REDACTED]'s condition? If so, please elaborate.
5. Is there any additional information you need to complete your report?

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6. Is there anything else you would like to add?

This report was based upon clinical interview, review of records provided by the plaintiffs including depositions, employment and medical records, results of the Minnesota Multi-Phasic Inventory-2 (MMPI-2), interview with clinical psychologist Val Umphress Ph.D., and interview Department of Education personnel.

Behavioral Observations

Mrs. N[REDACTED] is a 40 year old female of Japanese heritage who looked about her chronological age. Mrs. N[REDACTED] was neatly groomed and appropriately attired. Her speech was fluent and his thoughts coherent and goal directed. She denied experiencing delusions or hallucinations, or suicidal or homicidal ideation. Mrs. N[REDACTED] reported that her mood was irritable. Her affect was appropriate without signs of irritability. Mrs. N[REDACTED] reported difficulties in falling asleep. She estimated waking up at least once a night to use the bathroom with intermittent problems in returning to sleep. She denied gaining or losing significant amounts of weight in the recent past.

Mrs. N[REDACTED] was informed by the writer that he was hired by the state to perform an independent psychological evaluation assessing for emotional distress and that whatever information she provides will be shared with the defense state attorneys and could be used against her in her lawsuit, thus she has the right to disclose information at her discretion. Mrs. N[REDACTED] understood the purpose of the interview and agreed to participate. The interview was taped at Mrs. N[REDACTED]'s request. During the interview, Mrs. N[REDACTED] was cooperative and appeared open in answering questions.

History of Current Problem

The following is a brief timeline of the N[REDACTED]'s interactions with the 0-3 and the DOE since Amber was diagnosed with autism. Included in the timeline are potential nonDOE related stressful events. The timeline is based upon legal records and information provided by the N[REDACTED]'s.

Amber was diagnosed with autism by Dr. Margaret Koven in 4/97. Dr. Koven recommended Discrete Trial Training (DTT) and speaking to Naomi Grossman with the Autism Society. Ms. Grossman stated something to the effect that there was nothing in the state to provide this training. Around this time, Mr. N[REDACTED] went to check autistic services on the mainland. He contacted Families for Effective Autism Training (FEAT) who recommended Dr. Ronald Leaf of Autism Partnerships. Coincidentally, Dr. Leaf was already contracted by the state for training staff on DTT. The Department of Health arranged for the N[REDACTED] to attend Dr. Leaf's training.

In 9/97, an Individualized Family Service Plan (IFSP) was developed, stating that Hoohana would assist in providing DTT training and finding resources.

N [REDACTED], Patricia 3

Dr. Leaf's training was held in 11/97. He developed an individualized curriculum and the N [REDACTED]s contracted with Dr. Leaf's agency, Autism Partnerships to oversee and update Amber's home program. The program was implemented in 11/97. To implement the program, the N [REDACTED]s recruited and trained personnel, oversaw training, performed training themselves, and collected data sheets. They also purchased materials for training and remodeled a room into a therapy room. Training was done by Guy and Pat N [REDACTED], and 3 volunteers. Dr. Leaf and his associates would come every three months to observe and modify Amber's program. Amber's case was transferred to the DOE from DOH in 1/98 after she turned 3 years old.

Shortly after, Amber was being transitioned to attend Enchanted Lakes Elementary for a half day. This program failed in 4/98 due to a conflict between Amber's teacher and Mrs. N [REDACTED]. It was then decided that Amber would receive a total home program. Pat N [REDACTED], who had been taking off of work extensively since beginning DTT training, left her work in 5/98. Training often occurred for 40 hours a week (IEP calls for 20 hours). The N [REDACTED]s program was described as a "model" program and personnel from DOE would drop by to observe. Sometime after Amber attended Kailua Elementary School part-time.

To offset the cost of the program, the N [REDACTED]s held several garage sales. Joji and Katherine Sano, Pat N [REDACTED]'s parents, provided the N [REDACTED]s with about \$2500 per month to subsidize Pat's lost income. Guy took out some money from his retirement plan. The N [REDACTED]s reported financial hardship due to the program, and by 1/99 the IEP team discussed the need to secure funding. Tom Smith, Amber's case manager, was assigned to assist the N [REDACTED]s but did not secure funding. In 6/99, Guy sustained an injury to his left knee during work and was placed on medical leave.

In 7/99, the N [REDACTED]s found out from another family with similar educational needs, that they had a right to reimbursement. The N [REDACTED] immediately wrote letters to Paul LeMahieu and Bruce Anderson and cc'd Stan Levin Esq. Drs. Anderson and LeMahieu did not respond to their request. In 8/99, Kealoha was diagnosed with autism. On 8/30/99, the N [REDACTED]s filed a request for a due process hearing to collect reimbursement. The due process hearing was held in 10/99. Another due process hearing against the 0-3 program was held for Kealoha and settled in the latter part of 1999. His home program also began in late 1999.

Guy N [REDACTED] was to return to work in 11/99, however, police physician Kenneth Tolsma MD diagnosed Guy with high blood pressure at his half annual physical, thus he was placed on mandatory leave. Guy returned to work 1/00.

Amber turned 5 in 1/00, and plans were made to place her in regular classrooms at Kailua Elementary. She was eventually placed at Kainalu Elementary in 8/00 as it was starting an autism specific classroom that was

being overseen by Autistic Partnerships. The due process hearing ruled in the N [REDACTED]'s favor in 2/00 and they were awarded over \$13,000. Joji Sano passed away in 2/00. The N [REDACTED]'s complaint for their civil lawsuit against the DOE was administered in 4/00. The N [REDACTED]'s received reimbursed from the due process hearing in 5/00. In 12/00, Guy was promoted from patrol to vice, overseeing gambling and narcotics. Guy spoke to Lt. Frank Fujii and Sgt. Kevin Nishida for one session in 1/01 as part of a peer support program to deal with stress. Grant Okawa MD offered Mrs. N [REDACTED] counseling which was declined and prescribed oxazepam prn. Around 8/01, extensions were completed at the N [REDACTED]'s residence for Katherine Sano (mother-in-law) and she moves in.

The last visit for Autism Partnership was 10/01. The N [REDACTED]'s do not hear from them for several months and believe that their agency did "a poor job" and was ineffective, thus their contract is terminated in early 2002. In 4/02, the N [REDACTED]'s request services from CARD at Amber's IEP meeting. This request was rejected, thus the N [REDACTED]'s implemented CARD at their own expense. In 6/02, the N [REDACTED]'s request a lead person to oversee Amber's training which is approved by the DOE. In 10/02, Amber is transferred to Keolu Elementary. In 12/02, N [REDACTED]'s have a due process hearing for Kealoha for nonimplementation of IEP and request a CARD program for him which was granted. 12/02, Mrs. N [REDACTED] saw therapist Caroline Mau, but left due to an interruption and never returned.

In 3/03, IEPs are held for Kealoha's preschool placement. The N [REDACTED]'s request a CARD program and then placement at Seagull Preschool. This is initially denied. Guy tells Patricia that he would like to take a break from dealing with the DOE as he is reaching his breaking point. Subsequently, Guy reported a distancing in their relationship. In 6/03, Guy is promoted to the intelligence department. In 6/03, the Nahales and the DOE go to mediation to have Amber's CARD program reimbursed and payed for by the DOE. The ruling is in favor of the N [REDACTED]'s. The N [REDACTED]'s begin marriage counseling with Val Umphress Ph.D. in 7/03. Kealoha begins Keolu Elementary School.

Family/Work History

Patricia Sano was born on Oahu and raised in Hawaii Kai. She is an only child. Ms. Sano's father worked as a director of marketing for the Far East Hilton Hotel Corporation of Hawaii, while her mother worked as a grade school teacher. She denied experiencing abuse while growing up. She denied a family history of psychiatric illness. Her parents did not drink alcoholic beverages. Ms. Sano attended Hokulani Elementary School until the 3rd grade. She then attended Kamiloiki Elementary, Niu Valley Intermediate, and Kalani High School. She reported earning average grades ranging from C's to A's. She graduated from Kalani High School in 1987 and then attended the University of Hawaii where she majored in Hawaiian Studies. During college she worked for retail stores located at the Hilton Hawaiian Village and also worked for Dr. Greg Peterson as a research assistant. Ms.

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Sano reported doing well academically and graduated in 1987. She then worked for Ana Hallo tours until 1988 and then at JAL trading Hawaii until 5/98. Her position upon quitting at the latter was supervisor of the administration accounting division. Ms. Sano frequent worked more than one job. She worked for Northwest Airlines as a resevationist from 1989-1990, and has worked at KGA part time off and on from 1990 until the present, taking a break from 2002-2003. She currently works 1 day a week for about 3 hours. She denied suffering from any serious illnesses.

Ms. Sano met Guy N [REDACTED] and they married n 7/90. Their daughter Amber was born in 1/95. She was diagnosed with autism in 1997. Their son Kealoha was born in 2/97. He was diagnosed with autism in 8/99.

Emotional Distress from DOE

Mrs. N [REDACTED] reported numerous stressors attributed to the DOE. First, is the stress of setting up Amber's program that included interviewing trainers, overseeing training, setting up Amber's training room, performing the training thus not being able to be a parent and comfort her, and financial hardship which resulted in her quitting her job and holding garage sales to fund the program.

Second, is the lack of trust engendered by the DOE due to their not supporting them as they should have since Amber turned 3. Mrs. N [REDACTED] stated that the DOE should have known what they were going through and "did nothing" to assist them. In addition, she reported that witnesses were "coached" at the due process hearing and did not testify in good faith. Mrs. N [REDACTED] stated that "when someone breaks your trust you cannot believe innocent conversations." "Before, (I) wasn't mistrustful or suspicious...before had a lot of faith in people."

Third, Mrs. N [REDACTED] reported that she feels that she has to always be "hypervigilant" and "think down the line" as she has to "fight for everything." She does not like it that the DOE "sets the tone" of the IEP meetings and does not feel that the DOE is "negotiating (services) in good faith." Because of this, she has to be a "super diligent person."

Fourth, Mrs. N [REDACTED] reported problems with DOE personnel. She described Amber's first teacher at Enchanted Lakes Elementary as "so closed...she didn't want to know" information that she (Mrs. N [REDACTED]) was providing her. Amber left the school after the teacher and her had an argument in which the teacher was "screaming at her." Mrs. N [REDACTED] recalled an incident in which the Kainalu Elementary School principle was in tears stating that "I can hope to tell you your children progressing any progress is progress." In thinking about this statement, Mrs. N [REDACTED] told the writer "If anybody should be crying it should be me, for my kid's lack of progress." Mrs. N [REDACTED] also complained about the lack of benchmarks in her children's IEPs and lack of evaluations that her children are entitled.

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Finally, Mrs. N [REDACTED] reported stress for her continued role in her children's program, a role that is preventing her from returning to work full-time. Among her current duties include keeping records for reimbursement which she states is "not my job." In addition, although she does have a lead person on the autism team, Mrs. N [REDACTED] states that she still spends 10-20 hours a week preparing documents for medication, attending team meetings for home programs, going over curriculums and interventions, attending consultations every other month, writing letters to the DOE, and being in charge of reinforcers.

Effects of Emotional Distress

Marital problems:

Mrs. N [REDACTED] reported that her and Guy were literally best and that she wished to work with him because she enjoyed his company so much. She reported that she generally dealt with stress by "talking to Guy," thus felt abandoned and held a lot of resentment towards Guy after he asked to take a break from dealing with the DOE. She felt that she "no longer had an ally" thus did not talk to him about the children's education. She also acted "stubborn about things," for example, telling him to make his own plans for dinner. Mrs. N [REDACTED] reported that seeing Dr. Umphress "really helped Guy."

Emotional problems:

Mrs. N [REDACTED] reported that she "constantly feel overwhelmed...irritability sets in and I don't feel like going out...there's only so many hours in the day." She hardly laughs as she is "too emotionally drained... and feels tired." This has apparently gone on for a few years. Mrs. N [REDACTED] reported that her "tolerance level is really low." She often feels like "one thing too much and she is ready to cry." Still, she tells herself that she "gotta keep going...keep her level always up here" for her children. She stated that some days "she feels she can do it," while other days she "feels stressed and low." Mrs. N [REDACTED] reported that she dealt with stress by holding it in. She reported being somewhat of a worrier before, but not as much as she does now.

As mentioned previously, Mrs. N [REDACTED] reported that her mood has been irritable since about 1998. Her mother reported that interacting with her is like "walking on egg shells." Mrs. N [REDACTED] stated that she often tells herself "what next... when is it going to end...it's never going to end." She recalled sobbing vigorously in 5/03 after one of her trainers resigned.

Mrs. N [REDACTED] also reported sleep difficulties. From around 1998-2002, she reported 4-6 hours a night and felt fatigued by 10 am. She reported that her sleep has improved after they got a lead person, still she experiences difficulty falling asleep. She generally sleeps about 10, but sometimes around 12. She wakes up at least once a night to use the bathroom and

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sometimes has difficulty returning to sleep. When working, she will be up at 4, but usually rises at 6. Mrs. N [REDACTED] estimates that she sleeps about 6-8 hours a night.

Health problems:

Mrs. N [REDACTED] reported having tension headaches about 6 days out of the week with a gradual increase over the past few years. Mrs. N [REDACTED] reported awaking with splitting headaches about 4 times a month and also suffering from migraine headaches with nausea about 4 times a month. Mrs. N [REDACTED] reported that her headaches last a couple of hours if it is "nipped" early by taking Anacin and Excedrin. Mrs. N [REDACTED] reported a family history of headaches as her father used to have them frequently. She reported suffering from headaches throughout college with migraines about once a month. However, her headaches were not nearly as frequent.

Aside from headaches, Mrs. N [REDACTED] is not aware of any other health problems and is not taking any medications.

Work problems:

Mrs. N [REDACTED] reported some worry about returning back to the work force full time. She reported that she felt very comfortable at JAL as her coworkers were like family to her.

Other Stressors

Mrs. N [REDACTED] reported or endorsed other contributors to her stress. She reported financial worries and worries about Guy's health. She stated "what's going to happen to the kids if something happens to him." Mrs. N [REDACTED] also stated that she worries about the "kid's future if don't get education need now...then what...(I) don't feel can trust the system to take care of them."

Upon questioning, Mrs. N [REDACTED] agreed that her father passing away in 2000, litigation, and her mother moving in are other sources of stress. In terms of her father, Mrs. N [REDACTED] reported being very close to him as she was "daddy's girl."

Self-Reported Stress Levels Associated with Different Stressors

Dealing with DOE: 10 "worry about kid's future"
 Raising two autistic children: 10
 Concern about their future: 10
 Work: 0-1,
 Health-related: 8-9 "worry I'll die and what happen to kids"
 Mother lives: 6-7
 Relationship with Guy: 5 "better within the last week"

Litigation related: 7

Treatment Sought for Emotional Distress

Records from Dr. Okawa dated 1/01, indicated Mrs. N [REDACTED] reported feeling "overwhelmed at home...has two autistic children, works part-time, father past away last 2/00..., and is also involved in litigation with DOE. Has difficulty making decisions and dealing with everyday stressors, especially in regards to children." Dr. Okawa prescribed oxazepam. Dr. Tim Sing primary care physician, prescribed Zoloft in latter 2002. She took the medication once or twice, but then discontinued it due to side effects. In 12/02, Mrs. N [REDACTED] saw therapist Caroline Mau once, but felt ignored during an interruption, thus did not return. She was then assigned to see another therapist, but did not feel comfortable as this person was related to neighbors of the N [REDACTED]. Mrs. N [REDACTED] and her husband have been seeing Val Umphress Ph.D. in marital counseling since 7/31/03.

Interview/Psychotherapy Notes from Val Umphress Ph.D.

In a phone interview, Dr. Umphress stated that he had been seeing the N [REDACTED]'s in weekly marital counseling since 7/31/03. Dr. Umphress did not give them a diagnosis as he has focused on improving coping and communication between the couple. He reported that they are under significant stress with Mrs. N [REDACTED] experiencing more stress than her husband (Dr. Umphress rated as 7-8). He described them as highly conscientious parents who are experiencing stress from raising two autistic children, dealing with the school system, and dealing with litigation.

Results from the MMPI-2

Ms. N [REDACTED] produced a valid MMPI-2 profile. Individuals with similar profiles are attempting to present themselves in a favorable light and are attempting to avoid or deny unacceptable feelings, impulses, and problems. Such individuals tend to have a simplistic view of the world as either extremely good or bad.

Individuals with similar MMPI-2 profiles are experiencing moderate to severe levels of emotional distress characterized by dysphoria, worrying, irritability, and anhedonia. Such individuals are frequently worried about something and tend to brood and ruminate about problems. They feel inadequate, helpless, and insecure, and are easily hurt by criticism. Individuals with similar profiles have difficulty expressing feelings. They are overcontrolled and fearful of losing control and are not likely to express anger overtly or be aggressive towards others. They tend to deny unacceptable impulses and feel anxious or guilty when their denial fails. They are likely to experience increases in depression, fatigue, and physical symptoms in response to stress, and likely to overreact to minor stress with agitation or guilt, and self-punishment. Such individuals are likely to experience concentration

difficulties and memory problems, and have difficulties making decisions. They feel that their judgment is not as good as it was before. Such individuals typically have low self-esteem, lack self-confidence, and are self-doubting. They are pessimistic about substantial changes in their life.

Individuals with similar MMPI-2 profiles are rigid in their thinking and problem solving approach and meticulous and perfectionistic in their daily activities. Such individuals are obsessed with perceived personal deficiencies and may view themselves as useless and no good despite evidence of personal achievements. They may feel guilty if their high standards are not met.

Individuals with similar MMPI-2 profiles are somewhat introverted and do not like loud parties or social events. They are shy introverted, easily embarrassed, and generally uncomfortable around others. They tend to be passive and dependent in relationships, and are good at eliciting helping behaviors from others. They can become overly dependent and clinging in times of stress. They do not analyze the reasons for other's behaviors.

Individuals with similar MMPI-2 profiles are experiencing a number of mild physical ailments and their physical health is not as good as their friends. They tire quickly and have sleep difficulties. Sleep difficulties are due to rumination and worrying. They do not wake up fresh and rested most morning. Their poor health interferes with ability to work. Such individual prefer to discuss physical symptoms versus psychological processes and are not naturally introspective.

Results of Beck Depression Inventory

On the Beck Depression Inventory, Mrs. N [REDACTED] earned a score of 25, that places her within the moderately depressed range. Her score is significantly higher than Swedish mothers who have an autistic child (mean=11.8) (Olsson & Hwang, 2001). Among her highest scores on individual items include "I blame myself for everything bad that happens," and "I can't make decisions at all anymore."

Interview with DOE Staff Describing Process for Obtaining Services

According to DOE staff, the services a special needs student receives is determined by his/her Independent Education Program or (IEP). The IEP is developed by an interdisciplinary team that includes the student's parents, (special education) teacher(s), school principle, and in the case of autistic children, therapists, psychiatrist, and psychologist. The family can request the presence of an advocate, who is often a private provider. Meetings are usually held after school and are taped. The special ed teacher is generally in charge of determining the program, but the team must agree on the specifics. Individual objectives and treatment are discussed based upon data

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collected on each student. Because there are multiple objectives, IEPs can run more than one session if all of the objectives are not covered or resolved.

Although all parties should be working together as a team, it is not uncommon for the discussion to be heated due to disagreements between the parents and school as to what services will fulfill the IEP. DOE staff report that parents can be overly demanding and emotional about services for their child. At times their expectations for improvements can be overly high and there is often much blame placed upon the teachers. DOE staff realize having a special needs child is difficult for a parent, and understand parent's motivations for some of these behaviors. IEPs are usually an annual event, but can occur more frequently upon request, or as mentioned previously, if issues are not resolved. Frequent IEPs are stressful and a burden to DOE staff as they are generally held after school. If issues cannot be resolved, the parents can request a due process hearing. At this hearing, an independent party decides on the specifics of the IEP after each side argues their case.

According to DOE staff, students receiving services from private agencies such as Loveland, Autistic Partnerships, or CARD, are the exceptions, as most students are serviced directly by DOE personnel.

DSM-IV Diagnosis

Axis I:	296.21 V61.1	Major Depression, Mild Partner Relational Problem
Axis II:	V71.09	No diagnosis
Axis III:		Headaches
Axis IV:		other psychosocial and environmental problems
Axis V:	GAF=65	(current)

Conclusions

Does Patricia N [REDACTED] currently suffer from a diagnosable emotional/mental/psychological/psychiatric disorder? If so, what is the diagnosis and its severity?

Mrs. N [REDACTED] is currently experiencing a considerable amount of stress. Her psychiatric presentation is consistent with Major Depression as evidenced by feelings of guilt, problems with concentration or decision-making, fatigue and loss of energy, diminished energy interest in pleasurable activities, sleep difficulties, and general irritability. This diagnosis is supported by self-reported symptoms as well as test results from the MMPI-2, and the Beck Depression Inventory. Emotional distress is also supported by her primary care physicians prescribing medications to deal with stress and referring her

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to counseling. In addition, Mrs. N [REDACTED] is also experiences what appears to be stress related headaches and marital problems, the latter resulting in her and her husband being treated by Dr. Val Umphress. Mrs. N [REDACTED]'s degree of depression is believed to be mild as she is still able to function at home and work part-time. Her DSM-IV Global Assessment of Functioning (GAF) is rated as being 65 (out of 100).

Based upon your examination, what is the cause of Patricia N [REDACTED]'s current condition, if any?

Mrs. N [REDACTED]'s stress appears to have multiple etiologies. In my opinion, first and foremost, is the stress associated with raising two autistic children. Studies have demonstrated that parents of one autistic child experience increased depression over parents with intellectual disabilities or normal children (Olsson & Hwang, 2001). Other studies report parents of an autistic child are at high risk for family discord and are more likely to experience marital dissatisfaction and lower levels of intimacy than parents of normal children or those with a Down's Syndrome child (as cited in Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001). Mothers of autistic children appear to be particularly vulnerable to stress (Olsson & Hwang, 2001). About a third demonstrate depressive symptoms, feelings of incompetence are common, and the severity of the child's symptoms is associated with the amount of stress experienced (as cited in Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001). Given that the N [REDACTED] have two autistic children, their general stress level would likely be much higher than the aforementioned studies would indicate. Indeed, Mrs. N [REDACTED] rated both the stress associated with raising two autistic children and concerns about their future as a 10.

Mrs. N [REDACTED] reported numerous stressors attributed to the DOE. Initially, there was stress associated with setting up Amber's program that included interviewing trainers, overseeing training, setting up Amber's training room, performing the training thus not being able to be a parent and comfort her, and financial hardship which resulted in her quitting her job and holding garage sales to fund the program. Since then, Mrs. N [REDACTED] reported that she has lost trust with the DOE and has to constantly be "vigilant" and "fight for everything," the latter in regards to securing services for her children that are entitled under FAPE. Mrs. N [REDACTED] also reported stress from her continued role in her children's program which is preventing her from returning to work and she has also complained about numerous DOE personnel. She also rated DOE-related stress as being a 10.

Other sources of stress include concerns about her health (8-9), living next to her mother (6-7), her relationship with Guy (5), litigation related (7), and work related (0-1). She also reported that her father's death was also very stressful to her, as she had been "daddy's girl."

Based on your examination, did Patricia N [REDACTED]'s interactions with the Department of Education cause any emotional/mental distress or

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injury?

Yes. Mrs. N [REDACTED] has serious concerns about her children's future. The amount of these concerns are reflected in her statement associating worries about her and Guy's health tied primarily to how this might affect her children's future (versus how it would affect them). Her obsession with her children's future result in significant stress whenever the DOE does not agree to provide services she feels her children are entitled to under FAPE. She also has constant worries about future "battles" with the DOE for services. In addition, initial running of Amber's DTT program and problems in securing funding for Amber's DTT program was a source of stress.

If your answer to the above is yes, please describe the severity and duration of any emotional/mental distress or injury, if any.

As mentioned previously, Mrs. N [REDACTED] would currently meet criteria for Major Depression, Mild. Her current DSM-IV GAF is 65 which reflects mild impairment. The onset of this specific condition is not certain. She did report sleep difficulties, suggesting a stress reaction, as early as 1998. The first documented evidence for treatment of emotional distress was in 1/01, when she was prescribed oxazepam and counseling. In addition, Mrs. N [REDACTED] has experienced an increase in headaches to where they occur almost daily. She is also experiencing relationship problems with her husband Guy, of which the last straw appears to have been Guy's request to temporarily withdraw from his dealings with the DOE.

Was the interaction with the Department of Education the sole cause of Patricia N [REDACTED]'s emotional distress or injury?

No

Based on your examination, were or are there other factors which contribute to Patricia N [REDACTED]'s condition? If so, please elaborate.

Yes, there are numerous factors that have contributed to Mrs. N [REDACTED]'s depressive disorder. As mentioned previously, it is opined that her primary stressor involves raising and worrying about not one, but two autistic children. Other stressors over the past few years have included the death of her father, litigation, her mother moving in, and difficulties in her relationship with her husband Guy.

In terms of Mrs. N [REDACTED]'s stress from her interactions with the DOE, there are several personality factors that are contributory. The primary trait contributing to her stress level are high standards and perfectionistic tendencies that would result in strong demands and dissatisfaction with services. Although such qualities have been instrumental in her ability to obtain services for her children that most autistic children do not receive, they also can result in significant frustrations when high level demands are

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not met. These high standards have very likely contributed to her performing more hours of DTT training than what was on Amber's IEP and her continuing to put in 10-20 hours per week monitoring her children's program despite the presence of a lead person. Such behaviors are personal choices that have contributed to her stress level. Relatedly, Mrs. N [REDACTED]'s tendencies to ruminate about problems, view things as extremely good or bad, and blame herself when things do not go right would exacerbate stress in her interactions. In addition, Mrs. N [REDACTED]'s avoidance of treatment for her depressive disorder have resulted in continued distress.

Is there any additional information you need to complete your report?

No

Is there anything else you would like to add?

No

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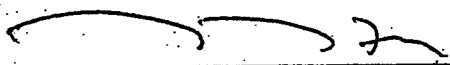
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N[REDACTED], Guy 1

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Independent Psychological Evaluation

Name: N[REDACTED], Guy
Date of Birth: January 22, 19[REDACTED] Age: 38
Date of Interview: October 31, 2003

Reason for Referral

Mr. N[REDACTED] was referred for an Independent Psychological Evaluation to assess for emotional distress due to alleged discrimination by the Department of Education in regards to securing free and appropriate education for his daughter Amber N[REDACTED] who has a diagnosis of autism.

Specifically, The Attorney General requested professional opinions to the following questions:

1. Does Guy N[REDACTED] currently suffer from a diagnosable emotional/mental/psychological/psychiatric disorder?
2. If so, what is the diagnosis and its severity?
3. Based upon your examination, what is the cause of Guy N[REDACTED]'s current condition, if any?
4. Based on your examination, did Guy N[REDACTED]' interactions with the Department of Education cause any emotional/mental distress or injury?
 - a. If your answer to the above is yes, please describe the severity and duration of any emotional/mental distress or injury, if any.
 - b. Was the interaction with the Department of Education the sole cause of Guy N[REDACTED]'s emotional distress or injury?
 - c. Based on your examination, were or are there other factors which contribute to Guy N[REDACTED]'s condition? If so, please elaborate.
5. Is there any additional information you need to complete your report?
6. Is there anything else you would like to add?

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This report was based upon clinical interview, review of records provided by the plaintiffs including depositions, employment and medical records, results of the Minnesota Multi-Phasic Inventory-2 (MMPI-2), Beck Depression Inventory, interview with clinical psychologist Val Umphress Ph.D., and interview with Department of Education personnel including a former grade school principle and a special education teacher who wished to remain anonymous. These educators do not know Mr. N[REDACTED].

Behavioral Observations

Mr. N[REDACTED] is a heavy-set, 38 year old male of Hawaiian-Chinese-Caucasian heritage who looked about his chronological age. Mr. N[REDACTED] was neatly groomed and appropriately attired. His speech was fluent and his thoughts coherent and goal directed. He denied experiencing delusions or hallucinations, or suicidal or homicidal ideation. Mr. N[REDACTED] reported that his mood has varied over the past couple years and has been improving since he and his wife have been seeing clinical psychologist Val Umphress Ph.D. in marriage counseling. Mr. N[REDACTED] reported variable sleep pattern with some recent early morning awakening 1-2 hours before his usual wake up time. He reported gaining about 35 pounds within the past year.

Mr. N[REDACTED] was informed by the writer that he was hired by the state to perform an independent psychological evaluation assessing for emotional distress and that whatever information he provided will be shared with the defense state attorneys and could be used against him in his lawsuit, thus he has the right to disclose information at his discretion. Mr. N[REDACTED] understood the purpose of the interview and agreed to participate.

Mr. N[REDACTED] initially asked that the interview be taped, stating that he did not trust interactions with the state. The writer explained that this would be possible, but that he would also need to tape the interview and did not have a tape recorder handy. Thus Mr. N[REDACTED] was given the option of either rescheduling the interview or continue the interview without taping. He agreed to the latter and the interview was conducted as scheduled. During the interview, Mr. N[REDACTED] was cooperative and appeared open in answering questions.

Brief History of Alleged Problems with the DOE and Other Stressors

The following is a brief timeline of the N[REDACTED]'s interactions with the O-3 and the DOE since Amber was diagnosed with autism. Included in the timeline are potential nonDOE related stressful events. The timeline is based upon legal records and information provided by the N[REDACTED]'s.

Amber was diagnosed with autism by Dr. Margaret Koven in 4/97. Dr. Koven recommended Discrete Trial Training (DTT) and speaking to Naomi Grossman with the Autism Society. Ms. Grossman stated something to the effect that

there was nothing in the state to provide these services. Around this time, Mr. N [REDACTED] went to check autistic services on the mainland. He contacted Families for Effective Autism Training (FEAT) who recommended Dr. Ronald Leaf of Autism Partnerships. Coincidentally, Dr. Leaf was already contracted by the state for training staff on DTT. The Department of Health arranged for the N [REDACTED]s to attend Dr. Leaf's training.

In 9/97, an Individualized Family Service Plan (IFSP) was developed, stating that Hoohania would assist in providing DTT training and finding resources. Dr. Leaf's training was held in 11/97. He developed an individualized curriculum and the N [REDACTED]s contracted with Dr. Leaf's agency, Autism Partnerships to oversee and update Amber's home program. The program was implemented in 11/97. To implement the program, the Nahales recruited and trained personnel, oversaw training, performed training themselves, and collected data sheets. They also purchased materials for training and remodeled a room into a therapy room. Training was done by Guy and Pat N [REDACTED], and 3 volunteers. Dr. Leaf and his associates would come every three months to observe and modify Amber's program. Amber's case was transferred to the DOE from DOH in 1/98 after she turned 3 years old.

Shortly after, Amber was being transitioned to attend Enchanted Lakes Elementary for a half day. This program failed in 4/98 due to a conflict between Amber's teacher and Mrs. N [REDACTED]. It was then decided that Amber would receive a total home program. Pat N [REDACTED], who had been taking off of work extensively since beginning DTT training, left her work in 5/98. Training often occurred for 40 hours a week (IEP calls for 20 hours). The N [REDACTED]s program was described as a "model" program and personnel from DOE would drop by to observe. Sometime after Amber attended Kailua Elementary School part-time.

To offset the cost of the program, the N [REDACTED]s held several garage sales. Joji and Katherine Sano, Pat N [REDACTED]s parents, provided the N [REDACTED]s with about \$2500 per month to subsidize Pat's lost income. Guy took out some money from his retirement plan. The N [REDACTED]s reported financial hardship due to the program, and by 1/99 the IEP team discussed the need to secure funding. Tom Smith, Amber's case manager, was assigned to assist the N [REDACTED]s but did not fulfill this assignment. In 6/99, Guy sustained an injury to his left knee during work and was placed on medical leave.

In 7/99, the N [REDACTED]s found out from another family with similar educational needs, that they had a right to reimbursement. The N [REDACTED]s immediately wrote letters to Paul LeMahieu and Bruce Anderson and cc'd Stan Levin Esq. Drs. Anderson and LeMahieu did not respond to their request. In 8/99, Kealoha was diagnosed with autism. On 8/30/99, the N [REDACTED]s filed a request for a due process hearing to collect reimbursement. The due process hearing was held in 10/99. Another due process hearing against the 0-3 program was held for Kealoha and settled in the latter part of 1999. His home program also began in late 1999.

N [REDACTED] Guy 4

Guy N [REDACTED] was to return to work in 11/99, however, police physician Kenneth Tolsma MD diagnosed Guy with high blood pressure at his half annual physical, thus he was placed on mandatory leave. Guy returned to work 1/00.

Amber turned 5 in 1/00, and plans were made to place her in regular classrooms at Kailua Elementary. She was eventually placed at Kainalu Elementary in 8/00 as it was starting an autism specific classroom that was being overseen by Autistic Partnerships. The due process hearing ruled in the N [REDACTED]'s favor in 2/00 and they were awarded over \$13,000. Joji Sano passed away in 2/00. The N [REDACTED]'s complaint for their civil lawsuit against the DOE was administered in 4/00. The N [REDACTED] received reimbursed in 5/00. In 12/00, Guy was promoted from patrol to vice, overseeing gambling and narcotics. Guy spoke to Lt. Frank Fujii and Sgt. Kevin Nishida for one session in 1/01 as part of a peer support program to deal with stress. Around 8/01, extensions were completed at the N [REDACTED]'s residence for Katherine Sano (mother-in-law) and she moves in.

The last visit for Autism Partnership was 10/01. The N [REDACTED] do not hear from them for several months and believe that their agency did "a poor job" and was ineffective, thus their contract is terminated in early 2002. In 4/02, the N [REDACTED]'s request services from CARD mention CARD to IEP team 4-5/02. this request was rejected, thus the N [REDACTED]'s implemented CARD at their own expense. In 6/02, the N [REDACTED] request a lead person to oversee Amber's training which is approved by the DOE. In 10/02, Amber is transferred to Keolu Elementary. In 12/02, N [REDACTED]'s have a due process hearing for Kealoha for nonimplementation of IEP and request a CARD program for him which was granted.

In 3/03, IEPs are held for Kealoha's preschool placement. The N [REDACTED] request a CARD program and then placement at Seagull Preschool. This is initially denied. Guy tells Patricia that he would like to take a break from dealing with the DOE as he is reaching his breaking point. Subsequently, Guy reported a distancing in their relationship. In 6/03, guy is promoted to the intelligence department. In 6/03, the N [REDACTED]'s and the DOE go to mediation to have Amber's CARD program reimbursed and payed for by the DOE. The ruling is in favor of the N [REDACTED]. The N [REDACTED] begin marriage counseling with Val Umphress Ph.D. in 7/03. Kealoha begins Keolu Elementary School.

Family/Work History

Mr. N [REDACTED] was born on Oahu and raised in Kailua. His father worked for Pan American airlines as a ramp supervisor, while his mother worked for an insurance company as a word processor. Mr. N [REDACTED] is the youngest of five children; he has three brothers and sister. Mr. N [REDACTED] denies a family history of psychiatric illness and stated that both parents don't drink or smoke. He

N [REDACTED], Guy 5

denied experiencing any abuse while growing up and reported being close to his siblings.

Mr. N [REDACTED] reported being physically active during his school years, lifting weights, golfing, and bowling. He graduated from Kamehameha in 1983, earning average grades. All his brothers attended St. Louis High School. After graduation, he attended Kapiolani Community College for two years, majoring in accounting. He joined the police department in 1988 and worked patrol in the Kailua-Waimanalo area. Mr. N [REDACTED] has done well in his job. He was promoted to head a unit in the gambling/narcotics department in 12/00 and was recently selected to the criminal intelligence department in 6/03. According to Mr. N [REDACTED], he holds the same rank, however, criminal intelligence is a higher status unit.

Mr. N [REDACTED] met his wife in 1984 and they married in 1990. Their daughter Amber was born in 1995 and was diagnosed with autism in 1997. Their son Kealoha was born in 1997 and diagnosed with autism in 1999. There is no family history of autism and Mr. N [REDACTED] believes that Kealoha may have contracted the disorder from an immunization shot when he was 18 months old.

Emotional Distress from DOE

Mr. N [REDACTED] cited several significant actions of the DOE that have directly or indirectly resulted in significant emotional distress for him and his family. First is the emotional distress the family experienced for having to initially pay for Amber's Autistic Partnership Program. The family held several garage sales and accepted money from family to fund the program prior to being reimbursed by the DOE. Second, is the burden of running the program which included everything from finding and training trainers, purchasing reinforcers, Patricia having to quit her job to insure a quality program, and the burden of acting as both trainer and parent. Third, is the burden of having to constantly and "unnecessarily" fight for appropriate services for his children. What should be an annual process (IEP meetings), is generally done at least quarterly. Fourth, is the mistrust that the DOE has instilled in them through acts such as witness coaching, telling witnesses to leave so that they cannot testify, and general "lies in my opinion."

Mr. N [REDACTED] reported that his wife has particularly been overburdened by the process. The stress on his wife has indirectly resulted in significant stress on his marriage and work, whereas all the DOE related stressors have had significant impact upon his health. The impact of the DOE-related stress will be described in the next section. To be fair to the DOE, Mr. N [REDACTED] did state that not all the stress he is experiencing is due to them. These stressors will be described later in the report.

Effects of Emotional Distress

Marital/Family problems:

A major source of stress for Mr. N[REDACTED] has been marital problems. Emotionally, he has described himself as a "rock," which is something that he takes pride in. He reported that the stress with DOE has significantly impacted his wife whom he describes as being "a different person." He stated that her whole life revolves around fighting with the DOE and she no longer has time to laugh, joke, or go out to dinner.

Despite the stress on his wife, their relationship was relatively stable until an IEP meeting for Kealoha in 3/03. After this meeting, Mr. N[REDACTED] told his wife that he couldn't handle dealing with the DOE and wanted a break from involvement in the process. His wife reacted by taking care of everything, but has left him out of the loop. Things between them have not been the same. She has been very "cold" to him and their discussions since then have been "business-like." Mr. N[REDACTED] reported that he does not feel like he is part of the family. Mr. N[REDACTED] reported that the situation became so bad that he had concerns that his marriage would dissolve.

Mr. N[REDACTED] also reported being more irritable with his family. He stated that he was "a mellow guy, but now things bother me a lot more than it used to... I noticed I'm more irritable more recently...before I just keep it in... now I'm taking a lot of anger on my kids...I yell at them...discipline them...this isn't me." Mr. N[REDACTED] reported that he normally deals with stress by "holding things in" and "shutting down."

Health problems:

Mr. N[REDACTED] reported much health problems associated with weight gain since his dealing with the DOE. Mr. N[REDACTED] was diagnosed with high blood pressure during his semi-annual physical conducted by Dr. Tolsma, the police physician, around 11/99 which resulted in his having to take mandatory time off of work. Mr. N[REDACTED] attributed his high blood pressure to weight gain of about 45 pounds from DOE-related stress. Mr. N[REDACTED] was diagnosed with sleep apnea in 10/02 and uses some type of machine to aid in his sleep. He currently weighs about 325 pounds, and as mentioned previously, gained about 35 pounds within the last year. He reported that he has not been able to work out due to having to relieve his wife from childcare after work that had been his former work out time. Mr. N[REDACTED] is currently being treated with Lisonopril 20 mg for hypertension, Colchicine for gout, and Indomethacin 50 mg for gout and arthritis.

Mr. N[REDACTED] does have a family history of hypertension (his mother) and obesity. His father is reported to weigh about 260 pounds, while his brothers weight about 200, 240, and 340 pounds. His heaviest brother also has sleep apnea. Prior to his diagnosis of hypertension, Mr. N[REDACTED] did have elevated blood pressure and believes he may have been treated with a beta blocker. It should also be mentioned that prior to his mandatory leave for high blood

N[REDACTED], Guy 7

pressure associated with weight gain, Mr. N[REDACTED] did sustain an injury to his left knee in 6/99 resulting in extended sick leave and arthroscopy in 10/99. During this time, Mr. N[REDACTED] reported being less physically active. In addition, his son Kealoha was diagnosed with autism in 8/99 which was reported to have been "devastating" to him. Kealoha's due process hearing with 0-3 and his DTT program were also reported to have begun in late 1999.

Mr. N[REDACTED] does not smoke or drink alcoholic beverages.

Work problems:

Mr. N[REDACTED] reported that his stress has really affected his work this year after the problems he was experiencing in his marriage. He reported that he had difficulty concentrating and would constantly be thinking about his marriage. He reported that the statistics for his unit had drastically declined since March. Despite, the decline in statistics, Mr. N[REDACTED] was promoted to the criminal intelligence unit in 6/03.

Other Stressors

In addition to dealing with the DOE, Mr. N[REDACTED] reported other contributors to stress:

Raising two autistic children:

Mr. N[REDACTED] reported stress from raising two autistic children, ages 6 and 8. He reported that Amber is progressing well. Although, she doesn't have full language but can communicate. Mr. N[REDACTED] reported more difficulty with Kealoha. He also doesn't have language and is hyperactive. He cannot be left unattended. He reported that he once poured out the soft soap, defecated in the closet and rubbed the feces on the walls, and poured out a 20 pound bag of rice in one extended incident.

Other family-related:

Mr. N[REDACTED]'s father in law died in 3/00. His mother-in-law built a 3 bedroom 2 bath house on their property in 8-9/01, thus it is almost as if she lives with them.

Work:

Mr. N[REDACTED] has worked for several years overseeing a unit in the HPD gambling/narcotics department. Although he does little work in the field, there is much responsibility for his men as it is a dangerous unit. Mr. N[REDACTED] takes great pride in his work and the decline in statistics and bad publicity heavily affect him.

Treatment for children:

N [REDACTED], Guy 8

Mr. N [REDACTED] reported that they have DOE trainer in the house 6 days out of the week. Amber attends school full-time and receives treatment at home from 2:45-6:00. Kealoha receives treatment at home at 12:00. In addition, they receive speech services in town and have occupational therapy appointments.

Litigation:

Mr. N [REDACTED] reported stress associated with litigation and stated that he "wish it was over." He further stated that "it's not about money...we want to show what did to us is wrong...it's not revengeful...we want to go after (DOE) to help others in the future." Mr. N [REDACTED] also reported that the perception of others, particularly in the Windward district, is stressful. He stated that other parents, who are less educated, "just take what is given them."

Reduction in Stress Reduction Activities:

In addition to the aforementioned stressors, Mr. N [REDACTED] has experienced a significant reduction in his ability to work out, his primary method of dealing with stress. He reported working out at 24 hour fitness everyday towards the end of last year. Working out makes him feel better and helps him to control his weight. However, currently he has to relieve his wife immediately after finishing work.

Self-Reported Stress Levels Associated with Different Stressors

On a scale of 1-10 with 1 being no stress at all and 10 being the most stress he's ever experienced, Mr. N [REDACTED] rated the following sources of stress:

DOE (both direct stress and stress indirectly attributed to them) 9-10
 Raising two autistic children 9-10
 Concern about their future 10
 Work 4-5
 Health-related 8-9
 In-laws 3-4
 Family (wife) 5-6
 Dealing with therapists 5-6
 Perception of other parents 5-6
 Litigation related 5

Treatment Sought for Emotional Distress

Mr. N [REDACTED] reported that he first agreed to counseling in 1/01. He spoke to Lt. Frank Fujii and Sgt. Kevin Nishida as part of a peer support program to deal with stress. More recently, Mr. N [REDACTED] and his wife have been seeing Val Umphress Ph.D. in marital counseling. Mr. N [REDACTED] reported that his wife wanted to go to counseling for 2-3 years. He finally agreed to attend

services in 7/03. Mr. N [REDACTED] reported that counseling has really helped and that he and his wife are communicating much better.

Interview/Psychotherapy Notes from Val Umphress Ph.D.

In a phone interview, Dr. Umphress stated that he had been seeing the N [REDACTED]'s in weekly marital counseling since 7/31/03. Dr. Umphress did not give them a diagnosis as he has focused on improving coping and communication between the couple. He reported that they are under significant stress with Mrs. N [REDACTED] experiencing more stress than her husband. On a scale of 1-10, Dr. Umphress estimated Mr. N [REDACTED]'s stress level as 5-6, while Mrs. N [REDACTED]'s stress level was estimated to be 7-8. Dr. Umphress described the N [REDACTED] as highly conscientious parents who are experiencing stress from raising two autistic children, dealing with the school system, and dealing with litigation.

Results from the MMPI-2

Mr. N [REDACTED] produced a valid MMPI-2 profile. Individuals responding to the test in similar fashion demonstrate a proper balance between self-disclosure and self-protection, admitting to and denying minor social faults, and are admitting to a normal amount of stress.

Persons with similar MMPI-2 profiles experienced much concern about their health. They also have a strong tendency toward somatization, emphasizing physical symptoms rather than psychological processes. Such individuals are not naturally introspective, and somatization is a stable chronic mode of dealing with stressors. Such individuals are generally calm, happy, and interested in daily life. Their feelings are generally not easily hurt. They do not express anger overtly. They are extroverted and relate easily with others.

Despite strong defenses, individuals with similar MMPI-2 profiles, are currently experiencing mild to moderate levels of emotional distress characterized by dysphoria, worrying, anhedonia, and an increase in physical symptoms. They are overcontrolled and are fearful of losing control. Such individuals may be experiencing concentration difficulties, mild memory problems, a reduction in self-confidence, and may be more introverted than usual. Such individuals may be experiencing more physical complaints than usual. They may tire easily and experience sleep difficulties that may interfere with work. They may be experiencing sexual dysfunction.

Results from Beck Depression Inventory

On the Beck Depression Inventory, Mr. N [REDACTED] earned a score of 15, that placed him within the mildly depressed range. His score is significantly higher than Swedish fathers who have an autistic child (mean=6.2) (Olsson & Hwang, 2001).

Interview with DOE Staff Describing Process for Obtaining Services

According to DOE staff, the services a special needs student receives is determined by his/her Independent Education Program or (IEP). The IEP is developed by an interdisciplinary team that includes the student's parents, (special education) teacher(s), school principle, and in the case of autistic children, therapists, psychiatrist, and psychologist. The family can request the presence of an advocate, who is often a private provider. Meetings are usually held after school and are taped. The special ed teacher is generally in charge of determining the program, but the team must agree on the specifics. Individual objectives and treatment are discussed based upon data collected on each student. Because there are multiple objectives, IEPs can run more than one session if all of the objectives are not covered or resolved.

Although all parties should be working together as a team, it is not uncommon for the discussion to be heated due to disagreements between the parents and school as to what services will fulfill the IEP. DOE staff report that parents can be overly demanding and emotional about services for their child. At times their expectations for improvements can be overly high and there is often much blame placed upon the teachers. DOE staff realize having a special needs child is difficult for a parent, and understand parent's motivations for some of these behaviors. IEPs are usually an annual event, but can occur more frequently upon request, or as mentioned previously, if issues are not resolved. Frequent IEPs are stressful and a burden to DOE staff as they are generally held after school. If issues cannot be resolved, the parents can request a due process hearing. At this hearing, an independent party decides on the specifics of the IEP after each side argues their case.

According to DOE staff, students receiving services from private agencies such as Loveland, Autistic Partnerships, or CARD, are the exceptions, as most students are serviced directly by DOE personnel.

DSM-IV Diagnosis

Axis I:	780.59 V61.1	Breathing-Related Sleep Disorder Partner Relational Problem
Axis II:	V71.09	No diagnosis
Axis III:		Hypertension, Sleep Apnea, Obesity
Axis IV:		other psychosocial and environmental problems
Axis V:	GAF=75	(current)

Conclusions

N[REDACTED], Guy 11

Does Guy N[REDACTED] currently suffer from a diagnosable emotional/mental/psychological/psychiatric disorder? If so, what is the diagnosis and its severity?

Mr. N[REDACTED] is currently experiencing a considerable amount of stress. Stress levels have recently had significant impact upon his marriage resulting in his contemplating a divorce and eventually seeking marriage counseling. Stress levels have also likely had significant impact upon his health including abnormal sleep patterns, and weight gain likely contributing to hypertension and sleep apnea. Self-reports of stress are supported by test results from the MMPI-2 and Beck Depression Inventory as well as rating by Dr. Umphress (Mr. Nahale=5-6). There is less evidence for stress significantly affecting his work, as despite such claims, Mr. N[REDACTED] has essentially received two promotions since Amber has been diagnosed with autism.

Although Mr. N[REDACTED] is currently experiencing a high level of stress, it is not at a level that would warrant a formal DSM-IV psychiatric disorder. He does have sleep apnea which, although listed in the DSM-IV as Breathing-Related Sleep Disorder, is actually more of a medical disorder. Mr. N[REDACTED]'s marital problems, DSM-IV Partner Relational Problem, is listed as Other Conditions That May Be a Focus of Clinical Attention. His DSM-IV Global Assessment of Functioning (GAF) is rated as 75 (out of 100).

Based upon your examination, what is the cause of Guy N[REDACTED]'s current condition, if any?

Mr. N[REDACTED]'s marital and health problems appears to have multiple etiologies. In my opinion, first and foremost, is the stress associated with raising two autistic children. Studies have demonstrated that parents of one autistic child experience increased depression over parents with intellectual disabilities or normal children (Olsson & Hwang, 2001). Other studies report parents of an autistic child are at high risk for family discord and are more likely to experience marital dissatisfaction and lower levels of intimacy than parents of normal children or those with a Down's Syndrome child (as cited in Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001). Given that the N[REDACTED] have two autistic children, their general stress level would likely be much higher than the aforementioned studies would indicate. Indeed, Mr. N[REDACTED] rated the stress associated with raising two autistic children as a 9-10 and concerns about their future as 10.

Mr. N[REDACTED] cited several significant actions of the DOE that have directly or indirectly resulted in significant emotional distress for him and his family. These include the stress experienced in paying for Amber's Autistic Partnership Program, the burden of running Amber's DTT program, the burden of constantly having to fight for services, and general mistrust of the DOE. Mr. N[REDACTED] reported that his wife has particularly been overburdened by the process which has resulted in significant stress on his marriage.

N[REDACTED] Guy 12

Other sources of stress include work related stress (rated 4-5), in-law stress (rated 3-4), stress from having therapists over the house (rated 5-6), concerns about his health (rated 8-9), and stress associated with the litigation process (rated 5-6).

Based on your examination, did Guy N[REDACTED] interactions with the Department of Education cause any emotional/mental distress or injury?

Yes. Initial problems in providing Amber's DTT training and securing funding for this training was a source of stress. The N[REDACTED]s also experience stress whenever the DOE does not agree to provide services they feel their children are entitled to under FAPE. These "battles" have lead Mr. N[REDACTED] to request a break from involvement which has resulted in marital problems. It should be mentioned that the N[REDACTED]s have been successful in securing private based services for their children that most autistic children in the DOE system do not receive, thus it should be expected that there would be some inherent stress in the process of obtaining such services.

If your answer to the above is yes, please describe the severity and duration of any emotional/mental distress or injury, if any.

As mentioned previously, Mr. N[REDACTED]'s current DSM-IV diagnoses are not formal psychiatric diagnoses, but instead include Breathing-Related Sleep Disorder which is more of a traditional medical disorder, and Partner Relational Problem which is listed as Other Conditions That May Be a Focus of Clinical Attention. Mr. N[REDACTED] was diagnosed with a Breathing-Related Sleep Disorder was in 10/02. The onset of his marital problems was in March or April of 2003 after Kealoha's IEP meeting. In addition, Mr. N[REDACTED] suffers from hypertension and obesity. Although his marital problems are a significant source of stress, Mr. N[REDACTED]'s current overall stress is believed to be relatively mild as evidenced by a rating of 75 (out of 100) on the DSM-IV, and his two promotions at work during the last 3 years.

Was the interaction with the Department of Education the sole cause of Guy N[REDACTED]'s emotional distress or injury?

No

Based on your examination, were or are there other factors which contribute to Guy N[REDACTED]'s condition? If so, please elaborate.

Despite the multiple etiologies of stress, litigation documents imply that the DOE is at fault for Mr. N[REDACTED]'s purported stress-related marital, work, and health problems. For example, in pg. 18 of the plaintiffs response to interrogatories (4-11-01), Mr. N[REDACTED] stated that, "In my opinion, the stress of having to implement Amber's program appropriately without help from the DOE, played a major role in my developing hypertension. It is clear to me,

N [REDACTED] Guy 13

that having to go through the due process hearing in 10/99 directly contributed to my employer putting me on leave in 11/99 for elevated blood pressure." What is not mentioned are several other significant risk factors and likely contributors. First, Mr. N [REDACTED] has a family history of hypertension (mother) and obesity (father and brothers), thus is at high risk for hypertension. Second, Mr. N [REDACTED] already had elevated blood pressure and was taking beta blockers. Third, prior to being placed on medical leave, Mr. N [REDACTED] was on leave after sustaining a knee injury during work (6/99). Injury and time off from work can result in weight gain to inactivity. Fourth, Kealoha was diagnosed with autism a few months before his being placed on medical leave (8/99). Fifth, according to Patricia N [REDACTED] sometime in late 1999 Kealoha also had a due process hearing with 0-3 and his DTT program was also implemented. Thus these events would also be potential stressors. Given these other events, the implication that the DOE was the "significant" factor in his medical leave would be highly erroneous given the multiple sources of stress.

Mr. N [REDACTED] did develop sleep apnea in 10/02 which may be evidence of increased stress. In addition, his stress levels appeared to have significantly risen this year as evidenced by his concerns about the dissolution of his marriage and entering marriage counseling. Mr. N [REDACTED] has attributed his health and marital problems to the actions of the DOE, however, given that the DOE has rights in negotiating during IEPs, if they are offering services that would meet FAPE, then stress from the IEP process would be secondary to frustrations at not getting their requests versus not receiving adequate services. Thus stress from this process should not unfairly be attributed to the DOE. It should also be mentioned that Mr. N [REDACTED] continues to experience stress from raising two autistic children.

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